

Instructions for Non-Operative Shoulder Rehabilitation

Dr. Chalmers always prefers to avoid surgery if pain can be relieved and function restored without surgery.

Medications

- Acetaminophen (Tylenol 350 mg) is an effective pain medication for shoulder pain that is available over-the-counter at most pharmacies. Do not take more than 3000 mg per day.
- Anti-inflammatory medications can also be very effective for shoulder pain. Many are also available over-the-counter. Ibuprofen (Advil) is inexpensive and widely available. Many patients prefer Naproxen (Aleve) because it can be taken twice a day. Dr. Chalmers recommends taking these medications scheduled for two weeks to calm inflammation before switching to taking these medications as needed. These medications can cause stomach upset and they should be taken with food. Prolonged use of these medications may cause stomach ulcers, kidney damage, and other side effects. Patients should check with their primary care doctor prior to use.
- Dr. Chalmers does **not** recommend or prescribe strong, narcotic pain medications (hydrocodone, norco, oxycodone, Percocet, oxycontin, morphine, MSContin, fentanyl, hydromorphone, dilaudid, etc.) as part of the non-operative treatment of shoulder pain. For long-term use, these medications are best prescribed by a pain management specialist.

Therapy

- Stretching and strengthening can be very effective for shoulder pain. Please see our protocols for recommended exercises. Often a single therapy session can be helpful to teach patients how to do these exercises. For patients exercising at home, Dr. Chalmers recommends **heat before exercises and ice afterwards**. Most patients using a home exercise program should perform their exercises 3-4 times per day, performing three sets of ten repetitions for each exercise.
- Many patients also find a course of supervised physical therapy to be effective for shoulder pain. Dr. Chalmers can provide you with a prescription for therapy. Our office can recommend a therapist close to your home or work.

Sling

- For patients who did not have surgery, unless you have a broken bone, Dr. Chalmers generally does not recommend use of a sling beyond a few days. Immobilizing the shoulder can lead to stiffness and sensitivity of the shoulder that can be difficult to overcome.

Follow-up

- After six weeks, most patients will know whether conservative treatment is working and at this point Dr. Chalmers recommends another appointment to check in.